

**LEGISLATIVE SERVICES AGENCY  
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**FISCAL IMPACT STATEMENT**

**LS 6858**

**BILL NUMBER:** HB 1329

**NOTE PREPARED:** Jan 7, 2006

**BILL AMENDED:**

**SUBJECT:** Medicaid Disease Management and Kidney Disease.

**FIRST AUTHOR:** Rep. Mays

**BILL STATUS:** As Introduced

**FIRST SPONSOR:**

**FUNDS AFFECTED:** X GENERAL  
DEDICATED  
X FEDERAL

**IMPACT:** State

**Summary of Legislation:** This bill requires the Medicaid Disease Management Program to include the following for Medicaid recipients with diabetes or hypertension or with a known family history of kidney disease: (1) assurance that such recipients receive an evaluation for kidney disease; and (2) education on kidney disease and the benefits of being evaluated for kidney disease.

**Effective Date:** July 1, 2006.

**Explanation of State Expenditures:** This bill would require the Medicaid program to identify all recipients with hypertension or diabetes or a known family history of kidney disease and requires that these recipients be tested for kidney disease. The Indiana Chronic Disease Management Program currently identifies potential candidates for participation in the program through Medicaid claims data that would indicate a recipient has a condition that the program is addressing. Individuals that have family histories of kidney disease would have to be identified by their providers and tested as ordered by the provider.

Medicaid pays for medically necessary testing and evaluations. If a recipient's provider orders an evaluation for kidney disease or any other suspected condition for an eligible recipient, Medicaid would pay the claim. Recipients who choose to participate in the Disease Management Program receive educational counseling and materials regarding their conditions and the importance of controlling their chronic condition through personal actions such as controlling blood sugar, stopping smoking, exercising, or losing weight. Recipients are also counseled regarding what should be checked at each doctor visit and testing that should be done annually and why. Annual kidney function testing is recommended specifically in the diabetes educational information published on the Disease Management Program website and provided to participants. Participants in the

Disease Management Program are encouraged to sign personal care plans that outline what their responsibilities are in managing their chronic conditions and encourages them to set personal management goals to achieve before their next appointment. Ensuring that the phone contacts and patient education materials include information on the advisability of annual kidney function testing for at-risk individuals should be within the resources available to the program.

The Disease Management Program also educates providers with regard to best practices for chronic disease management and has customized an Internet-based electronic patient management system that may be used to enhance communication between the Disease Management Program, the provider, and the patient. This system can be used to track health assessments performed, including kidney function testing, schedule patient contacts, and record individualized patient care plans.

**Explanation of State Revenues:**

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:**

**State Agencies Affected:** Family and Social Services Administration, Office of Medicaid Policy and Planning.

**Local Agencies Affected:**

**Information Sources:** Family and Social Services Administration, Office of Medicaid Policy and Planning; and the Indiana Chronic Disease Management Program website at: <http://www.indianacdmprogram.com>.

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